

DIRECT DEPOSIT SIGN-UP FORM (ISRAEL)

APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY MONTHLY BENEFITS BY DIRECT DEPOSIT

- If your name in Section 1 does not match the name on your bank account, please add this name to your bank account.
- Ask your bank to complete Section 4. Include a voided check if available, to help us code your direct deposit.
- Complete Sections 1-3. Sign your name in Section 3.

SECTION 1 (If the address below is incorrect, or if it is your bank's address, please complete Section 1A.)

Name - Address ↓

SECTION 1A (If the address in Section 1 is not your correct address, or if it is your bank's address, please print your correct mailing address below.)

ADDRESS CHANGE

SECTION 2 (Print your Israeli ID or Passport number below.)

Social Security Claim Number

Person Entitled to Payment

SECTION 3

PAYEE CERTIFICATION

I certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime.

JOINT ACCOUNT HOLDER'S CERTIFICATION

I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE

DATE

SIGNATURE

DATE

YOUR DAYTIME TELEPHONE NUMBER

This account is:

☐ My own account. ☐ A joint account.

SECTION 4 (Ask your bank to complete this section.) This must be a **Shekel** account.

NAME OF BANK

ADDRESS OF BANK

BANK PHONE NUMBER

BANK & BRANCH CODE

BANK CODE

BRANCH CODE

ACCOUNT
NUMBER

BANK OFFICIAL'S NAME
PLEASE PRINT

SIGNATURE OF
BANK OFFICIAL

Mail the completed form to one of the following:

American Embassy
Federal Benefits Unit
71 Hayarkon Street
Tel Aviv 63903